## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

**Facility Name: FAIRVIEW HOUSE (0010004)** 

Address: 1820 WESTMOOR TERRACE, ELM GROVE, WI 53122

License Status: REGULAR

Licensed/Certified/Registered 10/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History					
Survey ID: 0097134	End Date: 05/08/2006	Type: STANDARD	Purpose: SURVEY/COMPLAINT/SELF REPORT		
Results: ENFORCEMENT ACTION					
Survey ID: 0093228	End Date: 08/10/2004	Type: OTHER	Purpose: COMPLAINT		
Results: NO STATEMENT OF DEFICIENCY ISSUED					
Survey ID: 0090923	End Date: 09/05/2003	Type: STANDARD	Purpose: SURVEY		
Results: LICENSE/CERT/REGISTRATION ISSUED					

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History						
Date Complaint Received: 12/01/2005	Date Investigation Completed: 05/08/2006					
Subject Area(s)	Result	SOD#				
MEDICATIONS	SUBSTANTIATED	10009162				
Date Complaint Received: 11/29/2005	Date Investigation Completed: 05/08/2006					
Subject Area(s)	Result	SOD#				
RESIDENT RIGHTS	SUBSTANTIATED	10009162				
MEDICATIONS	SUBSTANTIATED	10009162				
ADMINISTRATION	NOT SUBSTANTIATED					
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED					
MEDICATIONS	SUBSTANTIATED	10009162				
Date Complaint Received: 11/29/2004	Date Investigation Completed: 05/08/2006					
Subject Area(s)	Result	SOD#				
RESIDENT RIGHTS	SUBSTANTIATED	NOT RECORDED				

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